

State Mediation and Conciliation Service
California Department of Industrial Relations

Request for Agency Shop Election

1) Employee organization submitting request (include name, address, phone and contact): 	2) Employer (include name, address, phone and contact):
3) Description of bargaining unit for which election is requested: Approximate size of bargaining unit: _____	4) Name and classification of any unit member(s) designated supervisory, management or confidential:
5) Have good faith negotiations been conducted between the parties on this matter over a thirty-day period? (check one) YES NO Dates of sessions: _____ _____	6) Has an agency shop election or agency shop rescission election been conducted in this unit within the past twelve months? (check one) YES NO If yes, date of election: _____
7) I certify under penalty of perjury that the foregoing is true and correct to the best of my knowledge: Print name: _____ Title: _____ Signed: _____ Dated: _____	8) Request submitted to SMCS office (check one): _____ SMCS, P.O. Box 420603, San Francisco CA 94142 _____ SMCS, 2550 Mariposa St, Rm 4014, Fresno CA 93721 _____ SMCS, 320 W. 4 th St., Rm 420, Los Angeles , CA 90013

Enclosure: Proof of Service